	·		·						9	1/84	345	
PATENT APPLICATION FEE DETERMINATION RECO							pfication or Dock t Number ORD MFOP 81824					
	CLAIM	AS FILE	D - PART. mn 1)	-	umn 2)	SMA	1 E	NTITY		OTHE	R THAN	
TOTAL CLAIMS			18		(Goldinii Z)		TE	T FEE	OR	RATE	LENTITY	
FOR	NUMB	ER FILED NUM		BER EXTRA	BASIC F				BASIC FE			
TOTAL CHARGEABLE CLAIMS		s 18	minus 20=		8	X3 9=			7			
NDEPENDENT C		minus 3 =		5		X40=		OR	-	-		
MULTIPLE DEPE	M PRESENT	π .			 			OR	-	400		
If the difference	is less than	less than zero, enter "O		column 2	+13	_	<u> </u>	OR				
CLAIMS AS AMENDED - PART II						. TO1	AL		OR		1110	
	1)	(Column 2)			SMALL ENTTRY		OR	OTHER THAN SMALL ENTITY				
Total Independent	REMAININ AFTER AMENDME		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL	
Total	· 10	Minus	- 18	2	- 80	XS	Þ		OR	X\$18=	FEE	
Independent	• (p	Minus	· · · · · · · · · · · · · · · · · · ·		•	X40			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY						+135			1	.030	 	
	DE	EST AVA	MUABLE	: CX	JPY	10	IAL		OR	+270=	<u> </u>	
7-12-05 (Column 1) (Column 2) (Column 3)						ADDIT.	EE		OR ,	ADDIT. FEE	L	
Total Independent	REMAINING AFTER AMENDMEN		NUMB PREVIOU PAID P	ER JSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independent	• 18	Minus	- 20). 	=	X\$ 9	-		OR	X\$18=		
FIRST PRESE	NTATION OF	Minus MULTIPLE DE	PENDENT C	LIAIL		X40-			OR	X80=		
						+135	. 1		OR	+270=		
						YOY ADDIT, FI	4		OR L	TOTAL		
	(Column 1))	(Column		(Column 3)	mouti. Fi	- E E		, A	DOIT. FEE		
F	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
120		Minus	-		•	X\$ 9-	T		OR	X\$18=	, ,	
FIRST PRESEN	TATION OF I	Minus MITIPLE DE	CENTREME O			X40=	†		OR	X80=		

* If the entry in column 1 is lose than th entry in column 2, writ. "O' in column 3.

** If the "Righest Number Previously Paid For' IN THIS SPACE is I as than 20, enter "20."

****The "Righest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20."

***The "Righest Number Previously Paid For' IN THIS SPACE is less than 2, enter "3."

***The "Righest Number Previously Paid For' (Total or Indep Indentit) is the highest number tound in the appropriate box in column 1.

FORM PTO-678 (Flox. 800)

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OR

+270=

+135e